

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11007</u>	2. Fiscal Year Covered From <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>DAVID L MILLER</u>  P.O. Box, Bldg., Room No., if any  Street <u>6459 W. PIERSON RD</u> City <u>FLUSHING</u> State <u>MI</u> ZIP Code + 4 <u>48433</u>	4. Name, file number, and address of labor organization. Name <u>MI. CARPENTERS HEALTH CARE</u> Labor Organization File Number <u>540 489</u>  P.O. Box, Building and Room Number, if any  Street <u>6525 CENTURION DR.</u> City <u>LANSING</u> State <u>MI</u> ZIP Code + 4 <u>48917-</u> <u>9275</u>
5. Position in labor organization. <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

David L Miller

On

8-12-05

Date

810 4871234

Telephone Number

Name of Person Filing	DAVID L MILLER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust X  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name SAME AS PAGE ONE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing. MEETING EXPENSE 3-17-04 MILEAGE \$8250 6-16-04 " " \$5300 10-12-04 " " \$5550 12-31-04 HOTEL \$137.02  11.b. Approximate dollar value of such dealing. \$328.02  12.a. Nature of interest held or income received.     12.b. Amount.	